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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/133615
Filing Date	08/13/98
First Named Inventor	James Johnson
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	10172-9013-012

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

BUSINESS WAS TRANSFERRED TO ILLINOIS TOOL WORKS, INC.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number  → **CORRESPONDENCE ADDRESS**  
OR **Place Customer Number Bar Code Label here**

<input type="checkbox"/> Firm or Individual Name	ILLINOIS TOOL WORKS, INC.			
Address	MR. THOMAS BUCKMAN			
Address	3600 W. LAKE AVENUE			
City	GLENVIEW	State	IL	ZIP 60025
Country	COOK			
Telephone	847-724-7500	Fax		

This request is enclosed in triplicate.

Name	ROBERT S. BEISER OF MICHAEL, BEST & FRIEDRICH
Signature	<i>Robert S. Beiser</i>
Date	DECEMBER 28, 1998

*NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.